

Office of Community Engagement Annual Report Project Fiscal Year 2018 (7/2017 - 6/2018)

Strategic Directions

Capacity Building Trust Transparency Decision Making Shared Purpose













Executive Summary

Mecklenburg County Public Health's Office of Community Engagement (OCE) team is proud to serve this incredible county, by partnering and working collaboratively with our customers, local communities, leaders and employees to create a healthier county, one person and one neighborhood at a time to improve the health of all residents.

Our efforts are ingrained in the county's core values - integrity, transparency, collaboration, teamwork, responsiveness, compassion and innovation.

A Distinguished History of Engaging Local Communities to Improve Lives

OCE cares deeply about the health of the people in our communities. Our OCE team champions local efforts to improve the lives of others, forms long-term partnerships and ensures that Mecklenburg County's invested dollars achieve the greatest impact.

In 2017 and 2018, OCE facilitated over 800 activities that impacted thousands of residents. Many of these initiatives focused on expanding our reach with faith-based organizations, health care providers, community partners, small businesses and media partnerships.

We worked closely and collaborative with our health director and leadership team to advance public health's vision and community presence, coordinated community events, worked with our community leaders and healthcare providers to further our shared business objectives.

In the Spotlight - Healthiest Cities Counties Challenge

Healthiest Cities Counties Challenge - The Aetna Foundation launched in 2016 in concert with the American Public Health Association and National Association of Counties. The Challenge is a competition designed to inspire

communities across the U.S. to create localized solutions to their local problems — and thereby improve the health of their own residents and community.

Open to small and mid-size cities and counties, the Challenge requires community leaders at different levels to help solve a problem that affects all members of their community. In 2017, 50 cities and counties across the U.S. were chosen as finalists, and they are competing for part of \$1.5 million in prizes for those that show measurable improvements in health indicators and social determinants of health.



January 2018, VHB recognized as 1 of 10 "Spotlight Award" winners that have demonstrated progress and key social determinants of health."

Meet the Team



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Shared Integrity **Purpose** We do the right thing We strive to deliver the for the right reason

highest quality and value possible through simple, easy and relevant solutions.

Team Goals

Compassion We show sincerity, kindness, caring and are willing to help others.

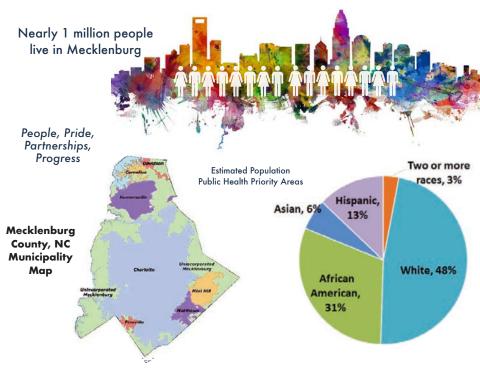
Respect We listen to and respect our participants and each other so we can act with insight, understanding

and compassion

Mecklenburg County Overview

According to the World Health Organization (WHO), "social determinants of health are conditions in which people are born, grow, live, work and age." The city of Charlotte leans toward high rates of chronic disease and associated deaths. The residents may also be exposed to risk factors that elevate the likelihood of chronic disease developing later during one's lifetime. This map shows a crescent-shaped region of poverty and low educational achievements. Residents who lack in education (i.e., high school diploma and/or college degree) and income tend to face minimal resources to adopting a healthy lifestyle, in particular, modified diets and physical activity.

Bringing Mecklenburg County to You



In 2015, the Board of County Commissioners adopted the County Manager, Dena R. Diorio's vision "Bringing Mecklenburg County to You" to expand access to services across the County and to meet customers where they are. The goal of the plan is to provide quality County services in locations that are convenient to customers and create a better work environment for employees.

Mecklenburg County Public Health

Over half of all deaths in Mecklenburg County are due to chronic conditions. Chronic disease impacts the quality of life. Chronic disease can affect our ability to function, adherence to medications, and affordability of health and medical care. At both local and national levels, various risk factors associated with chronic disease (i.e., cancer, diabetes, heart disease) lead in causal factors of disability and early death

2017 Local Behavior Risk Factor Surveillance Survey

Mecklenburg Differences in Chronic Conditions and Risk Factors by Education and Income

Risk Factors for Chronic Conditions

Low income adults were 1.7 times more likely to smoke and 1.6 times more likely to be physically inactive than adults with higher income levels. Persons with low

>= 25% population less than High School diplom
>= 30% population below Poverty

Less than High School ≥25%

Mecklenburg County Public Health Priority Areas

Source: American Community Survey, 2011-2015

educational attainment were 2.1 times more likely to smoke and nearly 3 times more likely to be physically inactive than adults who attended college.

Prevalence of Chronic Conditions

Low income adults were twice as likely to report having diabetes or cardiovascular disease than are higher income

than are higher income
adults. Persons with low educational
attainment were 1.5 times more likely have
diabetes and over twice as likely to have
cardiovascular disease than persons who attended college.

2017 Local Behavior Risk Factor Surveillance Survey, Mecklenburg

2017 Local Behavior Risk Factor Surveillance Survey, Mecklenburg
Selected Chronic Disease Indicators for Mecklenburg and PHPA

Mecklenburg

Public Health Priority
Area (PHPA)

| | Mecklenburg | Area (PHPA) | | | | | |
|-------------------------|-------------|-------------|--|--|--|--|--|
| Behavioral Health Risks | | | | | | | |
| Smoking | 13.8% | 13.9% | | | | | |
| Overweight/Obesity | 64.5% | 64.7% | | | | | |
| No Physical Activity | 18.5% | 24.4% | | | | | |
| Chronic Conditions | | | | | | | |
| High Blood Pressure | 30.1% | 42.0% | | | | | |
| High Cholesterol | 30.2% | 36.3% | | | | | |
| Diabetes | 9.6% | 15.8% | | | | | |
| Cardiovascular Disease | 7.5% | 11.5% | | | | | |





Collaboration and Shared Purpose

Involving the community and collaborating with its members are cornerstone efforts to improve the public's health. The Centers for Disease Control and Prevention (CDC) defines it as "the process of working collaboratively with groups of people who are affiliated by geographic proximity, special interests or similar situations with respect to issues affecting their well-being."

Community engagement is a type of public participation that involves people in problem-solving or decision-making processes. Community engagement is a strong value and fundamental practice of public health. The importance of engaging the community is grounded in the belief that the public has a right to participate. It is a multifaceted, ongoing process.



The Office of Community Engagement Does Not Stand Alone

The OCE does not stand alone but remains as an ambitious undertaking as Public Health reengineer and aligns our efforts to be more collaborative and inclusive of community leaders and colleagues.

A little more than 3 years ago, the Office of Community Engagement was created with two staff members and today there are four staff members. It is because of the extraordinary roles and commitment of leadership we have seen community and civic voices, advocacy, and activism—or "People Power"—play in advancing our healthy communities agenda across our county.

The work of building inclusive communities is not easy; results will not occur overnight. It takes time, patience, perseverance, and courage, because this work is about transforming attitudes, behaviors, and policies. It requires strategies that operate at multiple levels, including the individual, group, and institutional levels.

Our passion for public health calls on us to be inclusive, transparent, and fair in all that we do. Our commitment to working in partnerships compels us to build relationships where all partners are valued, heard, respected, and empowered. Our drive for excellence leads us to learn from a broad range of perspectives and talents. Our desire for savvy and strategic approaches benefits from a multitude of cultural and life experiences and communities.

Strategic Direction & Core Principles of Community Engagement

Multiple overlapping strategies will be required in order to integrate community engagement into the vision and mission of the Mecklenburg County's Public Health.



Vision

Working together for healthier, inclusive communities



Working Together: We connect people, ideas, and communities. **Inclusive:** Every person can access, contribute to, and potentially benefit from our work together, irrespective of discipline, gender, ethnicity, age, or ability.



Our Mission

Community Engagement is to enhance and exchange knowledge, skills and expertise in a collaborative manner that embraces Public Health's mission which states to promote and protect the public's health.



Our Guiding Theory

The Theory of Change and Drivers of Change will continue to represent the HOW of our work: people power, the importance of place, and community voices rising to generate a new narrative of health.

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Our Foundational Principle:

RELATIONSHIPS BUILD COMMUNITY

We can't have community without relationships—these are the connections that build community.

Any successful partnership must be built on trusting and respectful relationships guided by integrity. We realize that relationships take time to develop and thus we commit to providing opportunities to connect people across communities, sectors, and disciplines to foster a genuine and interconnected network of colleagues to work together.

Community
engagement
efforts will be
aligned with all
facets of the
mission of
Public Health

Our Strategic Action-Oriented Principles Engagement will
embrace collaborative
endeavours such as
research, teaching,
service and advocacy
activities with
community
stakeholders.

Community

Engagement will

value working with the

community for mutual benefit, build relationships

based on reciprocity,

Community





Achievements

& Milestones

Our Guiding Principles

The following principles are essential to our work

有有

Reciprocity: From design, to participation, to the outcomes of a project, we strive to work together for mutual benefit.



Equity: We are conscious of the historical and structural inequities that exist in society and strive to provide access and opportunities to all residents and members of our communities.

Collaboration

and Shared

Purpose

Engagement will respect that there are

multiple definitions of

'community" and that

different disciplines/

communities will

experience, value and

earn about community

engagement.



Continuity: Acknowledging that different communities work on different timelines and schedules, we strive to consider both the short and long-term implications of our work together.



Openness to Learning: Change takes time. We are committed to continually learn from and evaluate our work together, reflecting on and sharing both our successes and failures to grow as individuals, partnerships, and communities.



Commitment to Act: We aspire to make a positive difference in our community by sharing and acting on our knowledge to contribute to the greater social good.

From an impact perspective, we have witnessed and/or documented the following key, high-level impacts of the work:

Healthiest Cities and Counties Challenge

Presented at Annual National Association of Counties (NACO)
 Conference - Healthiest Cities & Counties Institute (Jul. 2017)

- Co-facilitated a webinar on "Engaging Elected Officials to Build Healthier Communities" (October 2017)
- Presented at American Public Health Association Annual Meeting and Expo Abstract Title: Business Opportunities, Leadership, and Development (BOLD): Creating a faith-government partnership model to impact cardiovascular (CVD) health disparities (Nov. 2017)
 - Selected as 1 of 10 cities and counties to be recognized for the Spotlight Award and received \$25,000 at the Board of County Commissioners Meeting (Feb. 2018)
 - Aetna Foundation provided additional funding in the amount of \$2,500 for the 6th Annual Hearts' of Champions Gala (April 2018)
 - Presented at the Annual NACO Conference, Nashville TN. Healthiest Cities & Counties Challenge Finalist Institute (July 2018)
 - VHB selected by the World Council of Churches, New Partnership Opportunities to scale and replicate model.
 - Three Leadership Awards presented to staff for contributions in healthy disparities and health equity
 - More than 800 documented engagements occurred locally and nationally, all unfolding under the MC mission and practice changes to improve health;
 - Clergy engagement and leadership support in public policies
 - VHB recognized as a best practice model competing in the HCC Challenge and featured in 2 national news articles (The Hill, U.S. News) written by the President of Aetna Foundation, Dr. Garth Graham.

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Mecklenburg County Public Health Strategic Business Plan

There were three major FY 18 objectives outlined for Community Engagement

1. Increase Community Engagement capacity building to ensure overall success for citizens engaged in the program.

Brief Summary:

- In FY 18, the Office of Community Engagement coordinated and monitored approximately 834 events ranging from community events (health fairs, symposiums, conferences, institutes, etc.), physical activity (Zumba, Yoga, Alpha Fitness, Line Dancing, Nature Walks, Chair Aerobics, Aerobics, Circuit Training, etc.), educational sessions (One-hand CPR, nutrition, hypertension, etc.)
- 2. Establishing 7 mini-grants to faith-based organizations (FBOs) to serve as Village HeartB.E.A.T. mentors responsible for recruiting and training additional FBOs with clear deliverables.

Brief Summary:

 There were four of the five FBOs from the pilot year (FY17) and two new additional FBOs totaling six FBOs that were approved by the procurement contract management office to receive mini-grants. The total amount for dispersed between the six FBOs (15th Street Church of God, Faith CME Church)

First Baptist Church West, Greenville Memorial AME Zion Church, Rockwell AME Zion Church, and St. Luke Missionary Baptist Church) remained at \$60,000. In addition to continuing to enforce the implemented evidence-based interventions (tobacco, nutrition, physical activity), there were three (3) inaugural institutes incorporated by three (3) FBOs (15th Street Church of God, First Baptist Church West and

BOs (15th Street Church of God, First Baptist Church West and Rockwell AME Zion Church):

Implement
Health in All
Policies with
Health Equity
as the Goal

3. Faith-Based Health Institute – a two (2)-day training to engage pastors, members of congregational health ministries, public health professionals and other health care providers in health promotions and policy, system, and environmental activities to: (1) increase the skills and knowledge of those responsible for leading congregational and community health of Communities ministries; (2) improve the health and healthcare

surrounding communities.

outcomes of church members and those living in

Expand Our
Understanding
of What Creates
Health

to Create Their Own Healthy Future

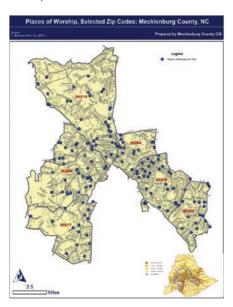
Triple Aim of Health Equity

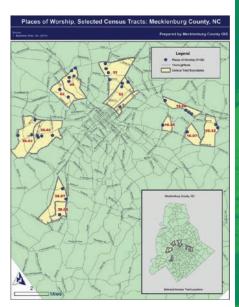
| FY18 Measure Name | FY18 Measure Calculation | FY18 Target | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| At least 95% of Village HeartB.E.A.T. participants show improvement in at least one (1) health outcome. | # of participants that have improvement in at least one health outcome/# of total participants (n=516) | Of 516 participants who had missing or non-zero weight change values, 100% made changes in at least one health outcome. 343 (66.5%) lost weight 341 (66.1%) reduced waist circumference 326 (63.2%) reduced systolic blood pressure 318 (61.6%) reduced diastolic blood pressure 314 (60.9%) reduced cholesterol 363 (70.3%) reduced HDL 254 (49.2%) reduced LDL 312 (60.5%) reduced triglycerides 280 (54.3%) reduced blood glucose 383 (74.2%) reduced hemoglobin A1c | |
| Increase the number of FBOs actively engaged in the competition portion by 10% | # of new churches engaged in competition portion from FY18/total # of churches engaged in competition portion from FY17 (n=31) | Increased from 31 to 49 (n=18 new churches) competing in the competition portion (58% growth) representing 5 denominations. | |
| Customer Service (e.g., Satisfaction ratings of quality service, outreach activities, event, and information) | For each of the four (4) questions: total number of "Strongly Agree" and "Agree" responses/Total number of overall responses | 99.77% | |
| Enrolled Faith- Based organiza- tions through the establishment of a health and well- ness ministry adopt policies that support healthy choices | n/a | 2 additional resource hubs (Greenville Memorial AME Zion Church and St. Luke Missionary Baptist Church) were added to VHB to incorporated adopted PSEs. | |



Men's Health Institute – a two (2)-day training to engage local clergy members of congregations, public health and other health care professionals to: (1) review data on male health, especially men living in the PHPAs; (2) increase male CVD risk reduction awareness on early identification and treatment of heart attacks, diabetes and strokes; (3) develop programmatic and/or administrative matters.

Senior-Active Health Institute – a collaboration with Public Health staff to engage pastors and older adults in the identified PHPAs to participate in a 1-day active training session to improve health and healthcare outcomes of seniors.





The FBO Pastors completed the following training sessions:

- 3/6/18 (Mecklenburg County Overview)
- 3/13/18 (Congregational Health Assessment)
- 3/20/18 (Faith-Based Organization Readiness: PREACH Tool)
- 3/27/18 (Village HeartBEAT Overview)
- 4/3/18 (Establishing and Maintaining a Health Cabinet or Ministry)
- 4/10/18 (HCCC Evidence-Based Interventions)
- 4/17/18 (Policy, System and Environmental Changes)
- 4/24/18 (Capacity Building for Faith-Based Organizations Beyond VHB)

Two (2) FBO Resource Hubs (Faith CME Church and Rockwell AME Zion Church) implemented an evidence-based intervention in respect to increasing opportunities for physical activity by installing walking tracks on their church grounds.

Through a cross-divisional collaboration, three (3) FBOs (Friendship Missionary Baptist Church, Reeder Memorial Church, and Rockwell AME Zion Church) implemented an evidence-based intervention in respect to improving nutrition through access to healthy foods in the form of planting urban orchard trees.

3. Expand outcome evaluation of the Village HeartB.E.A.T. program through enhanced data collection, analysis and reporting.

Brief Summary:

The Gramercy Research Group was selected to enhance data collection, analysis and reporting. Gramercy has assisted in the reviewing, revising, and finalizing of applications (HCCC Interim Award, Finalist Report, and Impact Report) to report data outcomes of the program, created online tools to capture data (VHB Biometric and Self-Report, Health Behavior form), finalized data collection tools and data collection process; integrated web-based participant monitoring system for biometrics and self-report health behavior data, trained Community Engagement staff on use of monitoring system, created content for FBO training sessions conducted on: 3/6/18, 3/13/18, 3/23/18, 3/27/18, 4/10/18, presented at faith-based health institute, completed PREACH and Pastor Faith-Based assessment tools for new FBO partners, completed updated reports for returning FBO partners who completed post-assessments, and completed post-VHB analyses (data completion reports, team members by site, beginning and ending team weights for competition for 631 program participants representing 53 unique sites). Page 9



Village HeartBEAT

Our Health, Our Priority, Our Zipcodes, Our Community

The Village HeartBEAT (Building Education & Accountability Together) program is a collaborative program organized to reduce risk-factors associated with cardiovascular disease (CVD) through African American and Hispanic/Latino Faith-Based Organizations (FBO) in Charlotte, NC. The overarching goal is to invest in FBOs as mutual business partners to adopt effective and sustainable policy, systems and environmental change (PSE) strategies to enhance healthier lifestyle choices, develop tobacco-free sites, implement sustainable physical activities and nutritional options.

VHB incorporates a 10-month FBOs competition team-challenge that uses a community-based framework to provide tools and resources to improve healthy outcomes.

The intervention is divided into three phases:

- I. Pre-Season (recruitment, needs-and policy-assessments, action plans, joint-use agreements, competition rules, and pre-biometrics screenings)
- II. 16-Week Competition Season "Championship Playoffs" (tracking health/wellness educational activities, post-biometric screenings, data collection and awards/recognitions)
- III. Post-Season (planning, information dissemination, evaluation and advocacy trainings).

OUR INNOVATION:

- Health as a Shared Value
- Creating Impact at the Policy, System, and Environmental Level
- Building Opportunity Leadership Development (BOLD)
- The Thereasa C. Elder Community Health Leadership Academy
- 16 Week Competition Challenge (Heart Disease Risk Factors)

CORE COMPONENTS:

- CPR & First Aid Certification
- Tobacco Cessation Classes
- 'With Every Heartbeat is Life,' Curriculum Series Training
- AHA Healthy for Life Curriculum
- Nutrition Courses with Food Journaling & Healthy Cooking Demonstrations
- Trained Health Ambassadors
- Check. Change. Control. Program
- The Million Hearts Initiative

Mecklenburg County Public Health Strategic Business Plan

This year (2017-2018) Village HeartBEAT continued the focus on expansion and, also, focused on process improvement. This focus included processes for enrolling and monitoring church participation, data collection and data entry process, and processes for implementing the competition and point system to establish competition winners. We add 10 additional churches since the 2016-2017 season, bringing the total number of competition churches to 38 and the total number of competition participants to 380 (36% growth since last year). This does not include 11 additional churches that participated in the program but not the competition (total 49 churches engaged in the program). In addition, competition teams were limited to 10 per church and the 380 participants do not reflect additional team members who were not part of competition teams.

| Variable | | | | |
|------------------|-------------------|------------------|-------------------|--|
| Year | 2015-2016 | 2016-2017 | 2017-2018 | |
| Sites (Churches) | 17 | 28 | 38 | |
| Competition | 170 | 280 | 380 | |
| Participants | | | | |
| Weight Change | -4.7 + 9.6 lbs | -3.1 + 6.9 lbs | -3.7 + 8.0 lbs | |
| | (p<0.00) | (p<0.01) | (p=0.00) | |
| Weight Change | -0.8 + 1.6 kg/m2 | -0.5 + 1.1 kg/m2 | -0.59 + 4.2 kg/m2 | |
| | (p<0.00) | (p<0.01) | (p>0.05) | |
| SBP Change | -3.6 + 13.3 mmHg | -2.9 + 15.3 mmHg | -5.9 + 17.4 mmHg | |
| | (p<0.00) | (p<0.01) | (p=0.00) | |
| DBP Change | -1.4 + 8.5.6 mmHg | -1.1 + 8.6 mmHg | -1.6 + 9.9 mmHg | |
| | (p=0.03) | (p=0.02) | (p=0.0001) | |
| HbA1C Change | -0.3 + 2.1% | -0.2 + 0.7% | -0.26 + 4.1% | |
| | (p=0.09) | (p<0.01) | (p>0.05) | |

Read The Full Articles Online

In The News

Faith, Friendship, and Better Health (livingchurch.org)



Today Arthur Jones is 200 pounds lighter and insulin-free, and his blood pressure is under control.

Mecklenburg County initiative aims for healthier congregations, VHB kicks off Jan. 13 (www.thecharlottepost.com)



The goal of Village Heartbeat is to improve health outcomes within the faith community by reducing health disparities. Busy mom makes time to get healthy with Village HeartBEAT program (www.qcitymetro.com)



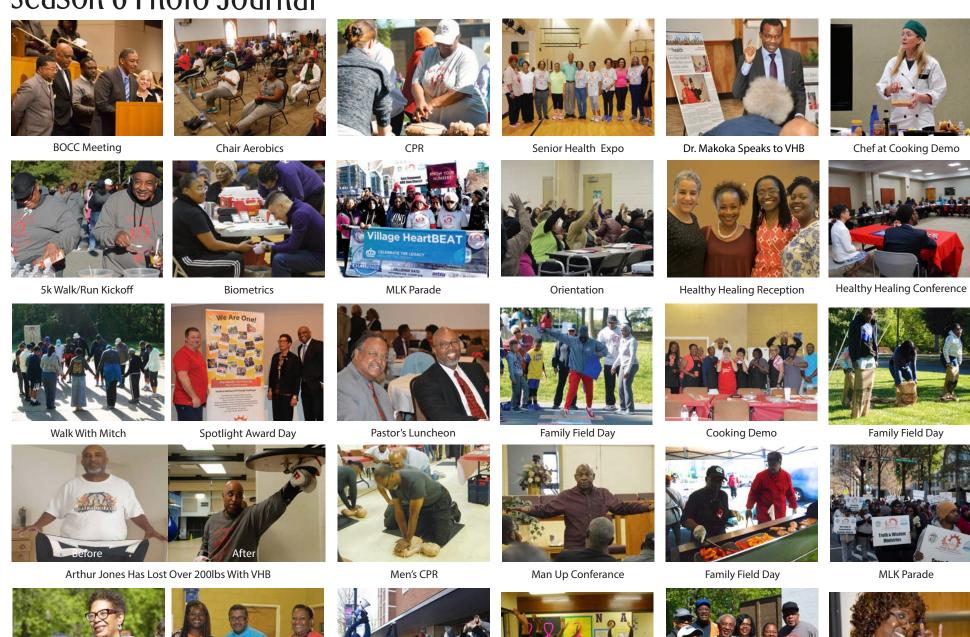
Karen Flores, the mother of five children, thought she was pretty healthy though she needed to lose some weight. Then tests showed some lurking health problems.

Aetna Foundation's New Awards Shine the "Spotlight" on Programs That Are Improving Community Health (www.news.aetnafoundation.org)



Arlandis Rush, Nat'l VP, State & Local Government Public Sector and Labor of Aetna presents Village Heart B.E.A.T. with the spotlight award.

Scason 6 Photo Journal





Cooking Demo





MLK Parade





Family Field Day



Family Field Day

Cooking Demo